



**ALL PARTICIPANTS MUST COMPLETE THIS QUESTIONNAIRE PRIOR TO ATTENDING ALL ACTIVITIES OR EVENTS**

**Your child must not attend KAOS if they are sick, even if symptoms resemble a mild cold. Our goal is to minimize the risk of infection to our participants and staff, thank you for your understanding and cooperation.**

1 Do you have any of the below symptoms?

Fever	Yes	No
Cough	Yes	No
Shortness of Breath/Difficulty Breathing	Yes	No
Sore Throat	Yes	No
Chills	Yes	No
Painful Swallowing	Yes	No
Runny Nose / Nasal Congestion	Yes	No
Feeling Unwell / Fatigue	Yes	No
Nausea / Vomiting	Yes	No
Unexplained loss of Appetite	Yes	No
Loss of sense of taste or smell	Yes	No
Muscle / Joint Aches	Yes	No
Headache	Yes	No
Conjunctivitis	Yes	No

2 Have you or anyone in your household, travelled outside of Canada in the last 14 days? Yes No

3 Have you had close unprotected\* contact (face to face contact within 2 metres/6 feet) with someone who is ill with cough and/or fever? Yes No

4 Have you or anyone in your household been in close unprotected\* contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19? Yes No

\* "unprotected" means close contact without appropriate personal protective equipment (PPE).

If you have answered "Yes" to any of the above questions, please **DO NOT ATTEND** at this time.

If you have answered "No" to all the above questions, **PLEASE SIGN IN** when you arrive and practice hand hygiene (wash hands for 30 seconds, and or use hand sanitizer) before and after the program.

Before their child attends the program, parents/guardians will be asked to complete a Covid-19 screening. If the child does not meet the requirements, they will be asked to leave.

**Please sign on the following lines acknowledging that you have read and agree to the following conditions regarding the Covid-19 guidelines for programming set out by the Government of Alberta**

Name of Participant: \_\_\_\_\_ PRINT \_\_\_\_\_ SIGN \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ PRINT \_\_\_\_\_ SIGN \_\_\_\_\_

Date: \_\_\_\_\_